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Bib Data Sheet

CONFIRMATION NO. 7262

SERIAL NUMBER 09/715,739	FILING DATE 11/16/2000  RULE	CLASS 424	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. GENENT.68A2D1
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a DIV of 09/273,099 03/19/1999 PAT 6,187,304  
 which claims benefit of 60/080,448 04/02/1998  
*AL 6.28.05*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*AL 6.28.05 none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 01/24/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Allowance <i>Laure</i> Examiner's Signature <i>AL</i> Initials	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 4
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TITLE  
 METHODS FOR TREATING CARDIAC HYPERTROPHY BY ADMINISTERING IFN-Y

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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